

Pharmaceutical Code of Conduct

Manufacturer Registration Renewal Manual

This document displays screen shots and describes what a Pharmaceutical or Medical Device Manufacturer should do to renew its registration online. This process is only for manufacturers who have previously registered with the program. Please note: license and registration and licensee / registrant are used interchangeably on the site for those renewing Pharmaceutical and Medical Device Code of Conduct registrations.

Here is the URL for the Massachusetts Online Licensing website (aka E-Licensing):

<https://onlineservices.hhs.state.ma.us/MyLicense%20Enterprise/>

A manufacturer will need a personalized User ID and Password to login to the site. A separate document describes how a manufacturer can create an account and login.

The Official Website of the Office of Health and Human Services (EOHHS)

Health and Human Services

Mass.gov Home State Agencies State Online Services

[Renew a License](#)
[Request a Duplicate License](#)
[Change License Address](#)
[Frequently Asked Questions](#)
[Logout](#)

Licensing Home Page

1. To renew a license or request a duplicate license you **must** pay by credit card or by electronic check. If you do not wish to pay by credit card or electronic check, click [here](#) for a list of Board email addresses and request an application by email.
2. The list below displays all licenses, permits, and authorizations you currently hold, and all licenses for which there is a pending application.
3. To renew a license, click the **Renew a License** link in the menu on the left side of this screen.

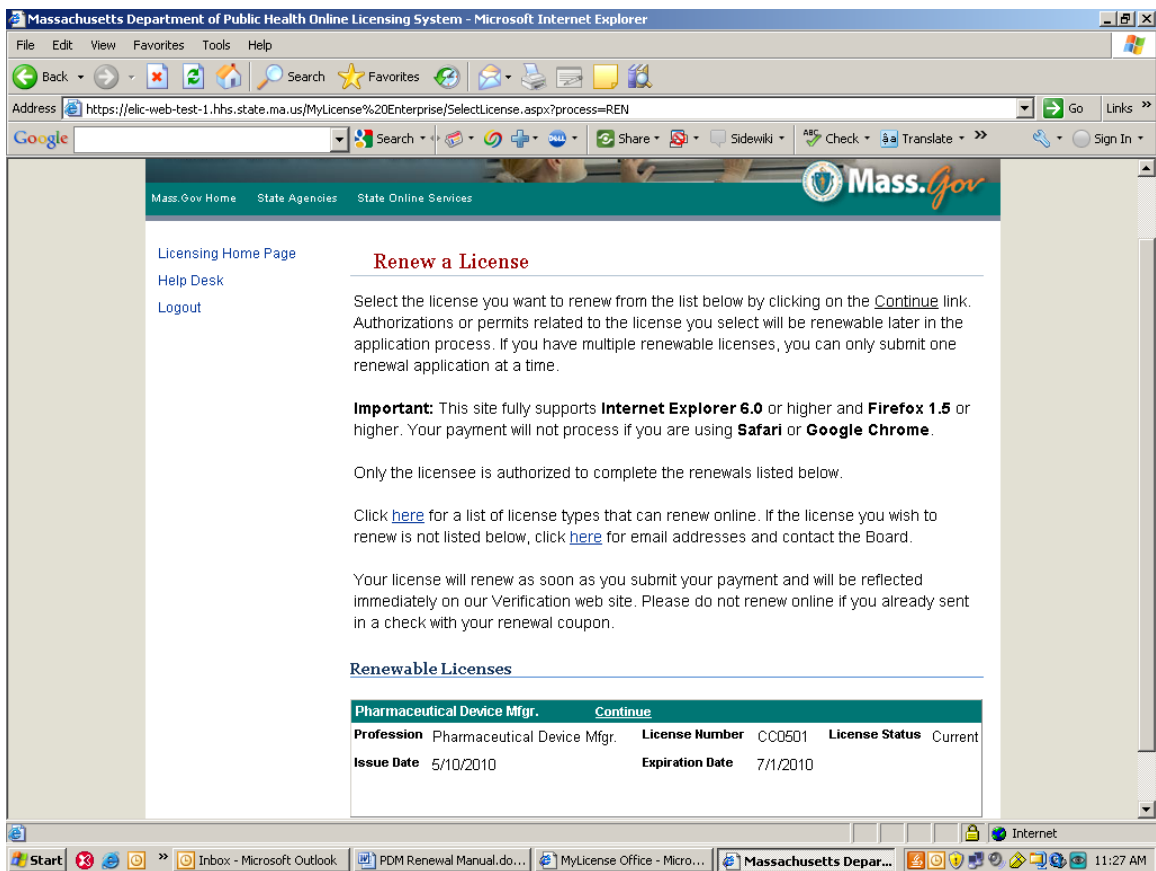
Name

Phil Wiswell

Licenses

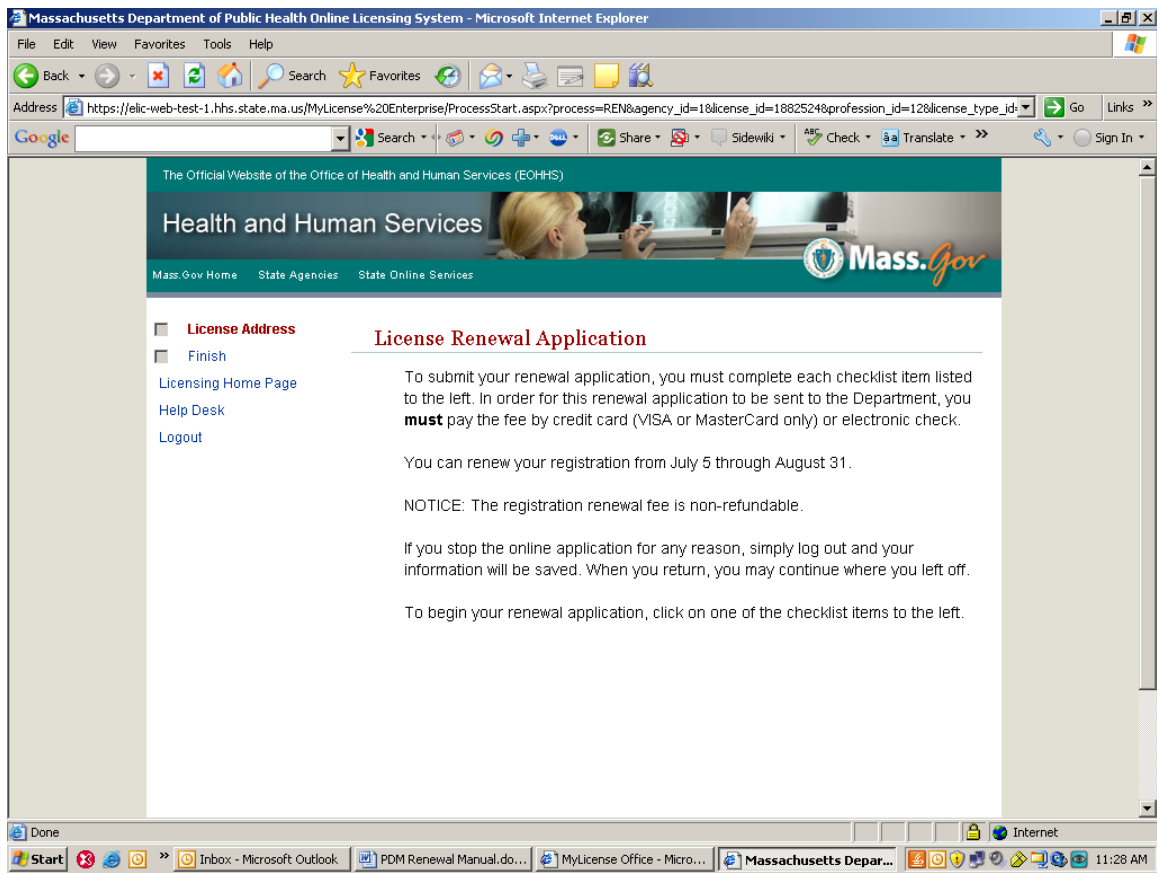
| Registered Nurse | | View Checklist | | | |
|------------------|---------|----------------|-----------|-----------------|-----------|
| Profession | Nursing | License Number | RN200033 | License Status | Current |
| | | Issue Date | 4/22/1992 | Expiration Date | 6/11/2010 |

This is the first page you will see after successfully logging in with your personalized User ID and Password. You may select from the five choices in the upper left corner of the screen. In order to renew your registration, select the “Renew a License” link.



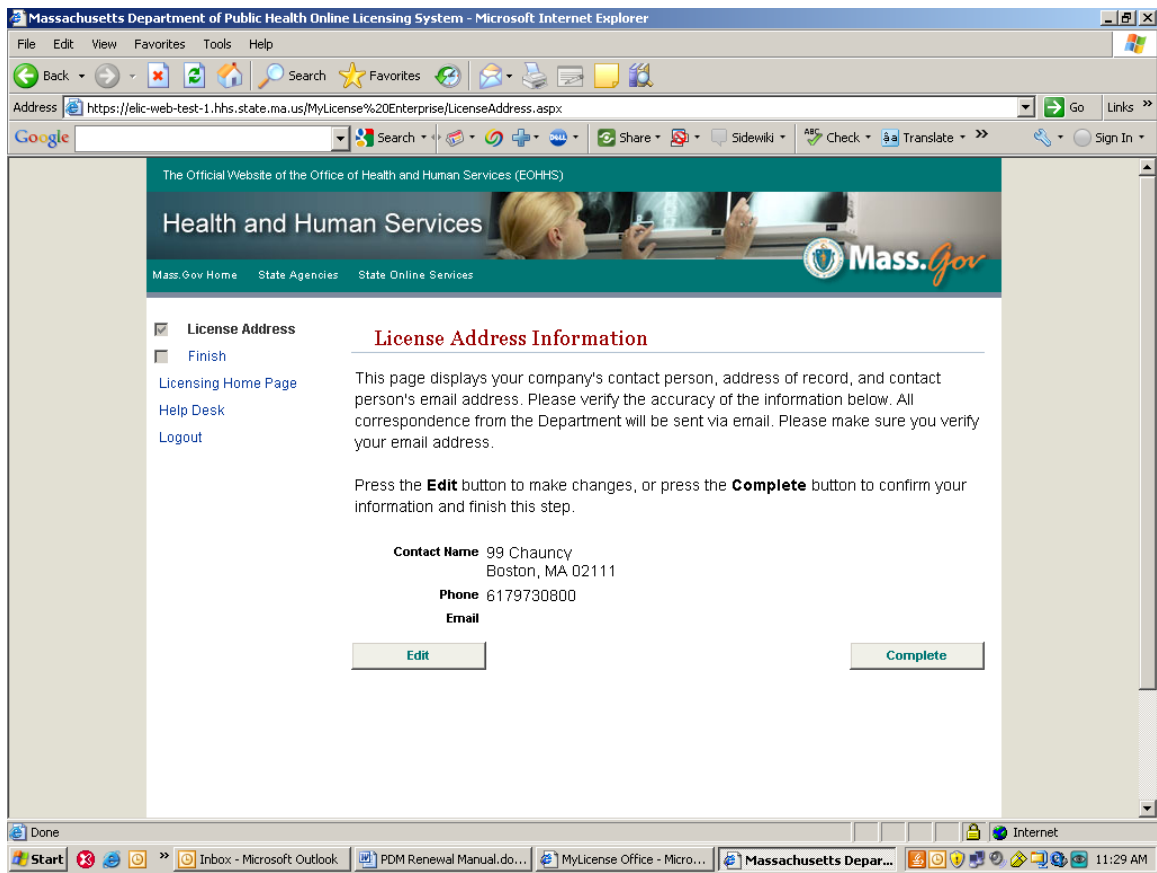
This is the first screen in the online renewal process for a Pharmaceutical Device Manufacturer. All registrations that may be renewed are listed at the bottom of this screen.

To choose a registration to renew, you should select the Continue link next to the name of the license type. If a registration does not appear on this screen, it cannot be renewed online. In that case, please contact the Department at pharmameddata@massmail.state.ma.us



This screen appears after the registration to be renewed has been selected. The two steps in the online renewal process (License Address and Finish) are listed in the upper left corner of the screen. The Finish step can only be done after the License Address step has been completed.

To begin, select License Address.



This first screen displays the address information the Department has on file for this manufacturer. If everything is correct, select the Complete button. If information is incorrect or missing, select the Edit button.

Massachusetts Department of Public Health Online Licensing System - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <https://elic-web-test-1.hhs.state.ma.us/MyLicense%20Enterprise/LicenseAddressEdit.aspx>

Health and Human Services

Mass.Gov Home State Agencies State Online Services

☒ **License Address**
☐ Finish

[Licensing Home Page](#)
[Help Desk](#)
[Logout](#)

Update License Address

Please enter your address of record in the spaces provided below. All correspondence from the Department will be sent via mail. Please make sure you verify your email address.

NOTE: Required fields are marked with an asterisk (*).

Address

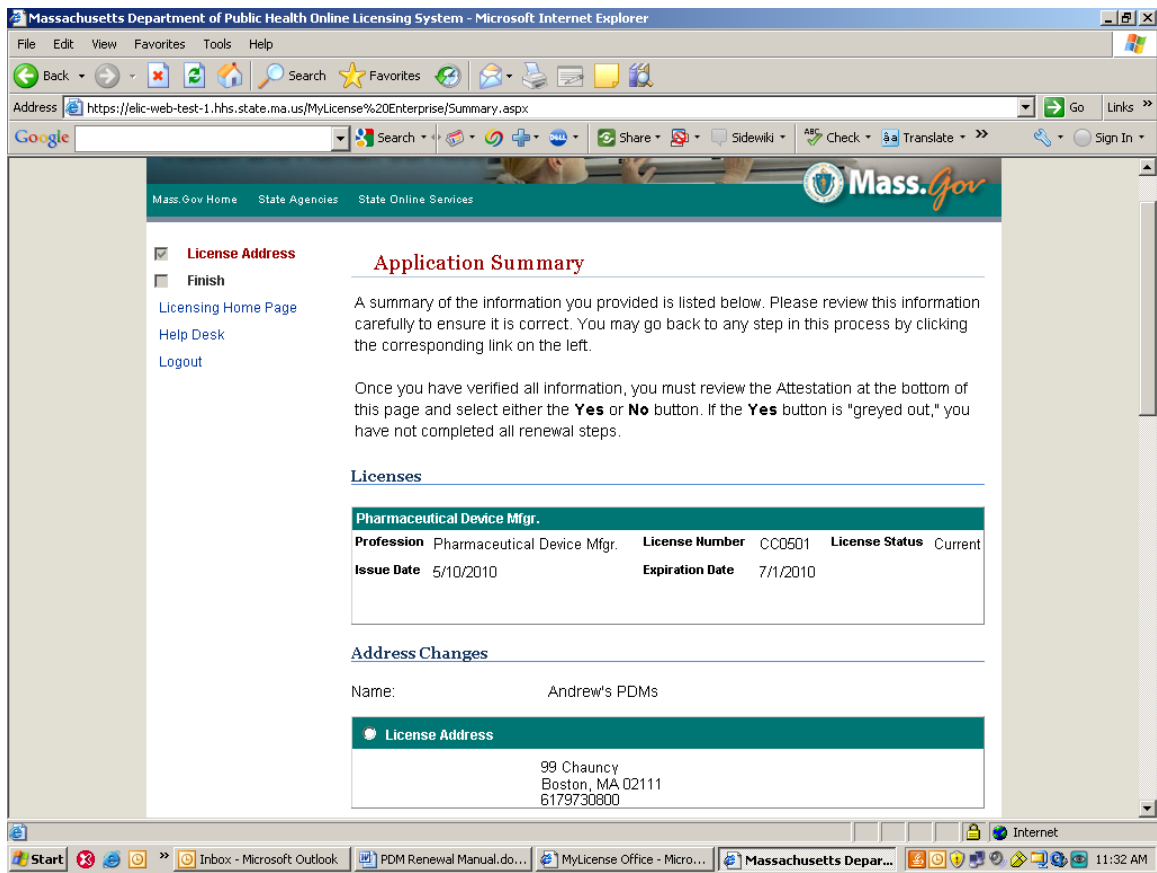
| | | | |
|---------------|---|--------|------------------------------|
| Country* | United States | Phone* | 6179730800 ex. 3015551212 |
| Contact Name* | 99 Chauncy | Fax | ex. 3015551212 |
| Line 2 | | Email | ex. username@domain.com |
| Line 3 | | | |
| City* | Boston <small>Foreign Addresses: Enter city, region, postal code</small> | | |
| State* | MA | | |
| Zipcode* | 02111 ex. 02705 or 027051234 | | |

Update

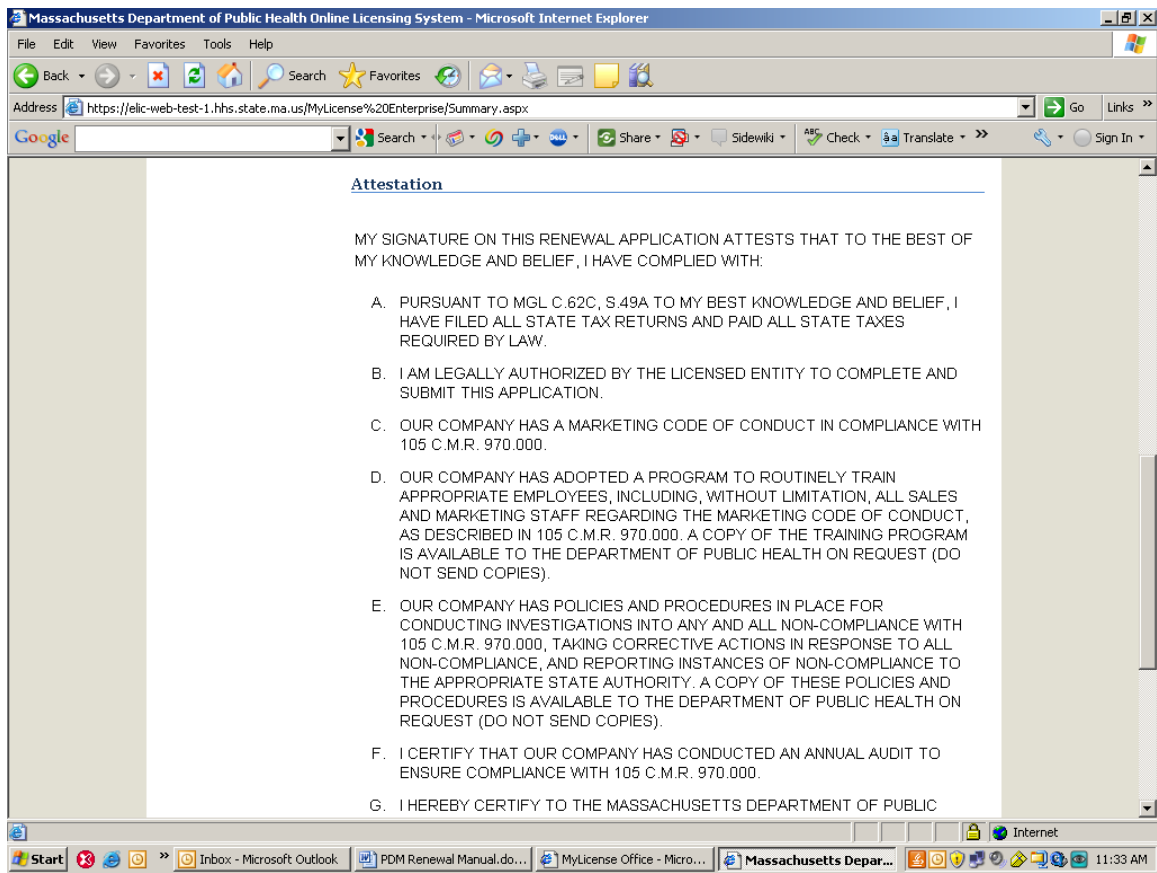
Done

Start | Inbox - Microsoft Outlook | PDM Renewal Manual.do... | MyLicense Office - Micro... | Massachusetts Depar... | 11:30 AM

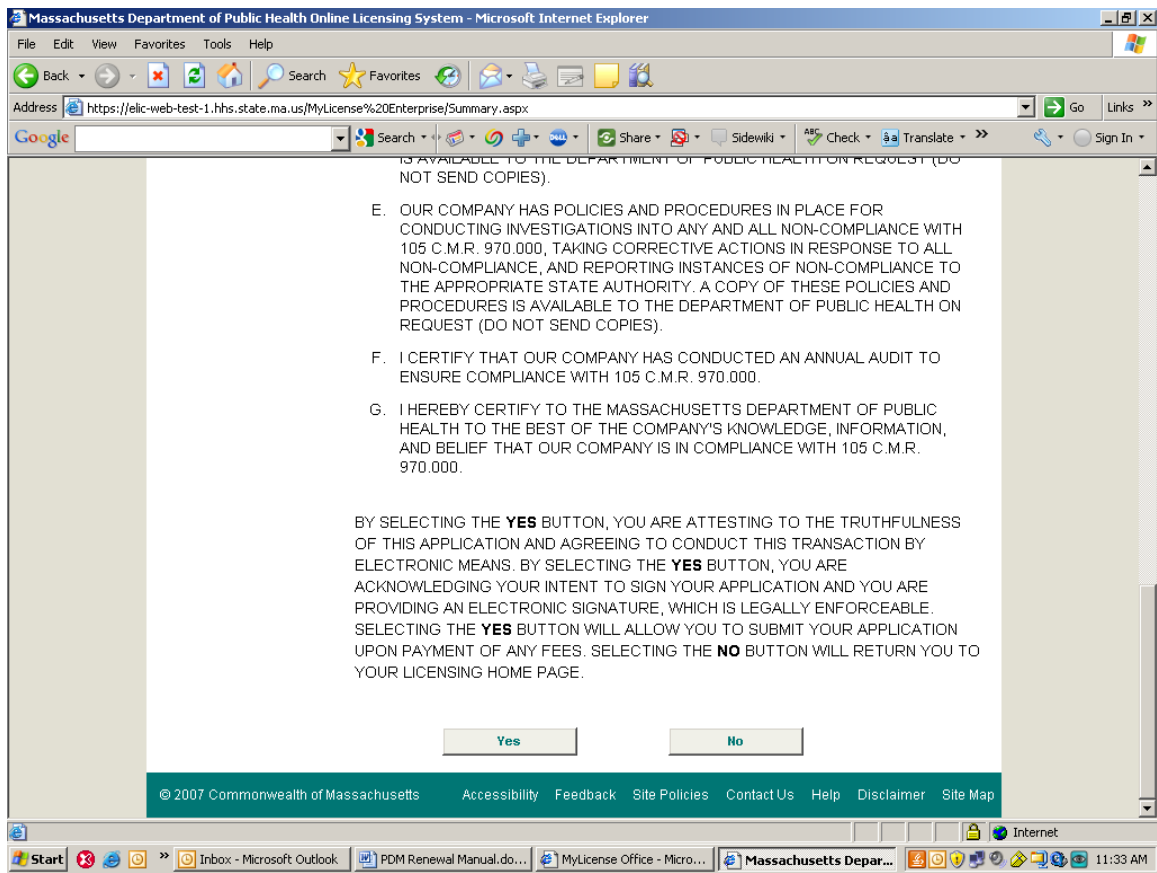
On this screen correct and/or add information and then select the Update button.



This screen appears when you select the Finish step. It is a summary of license information and address information that you have entered or confirmed in the previous steps.



This is the next part of the previous screen after scrolling down.



This is the next part of the previous screen after scrolling down. After reading the attestation, select the Yes button to continue or the No button to return to the Licensing Home Page.

Massachusetts Department of Public Health Online Licensing System - Microsoft Internet Explorer

Address: https://elic-web-test-1.hhs.state.ma.us/MyLicense%20Enterprise/Checkout.aspx

Mass.gov Home State Agencies State Online Services

Licensing Home Page

Application Fees

| License Number | Description | Fee Amount |
|----------------|-------------|------------|
| CC0501 | Renewal Fee | \$2,000.00 |

Billing Information

First Name:

Last Name:

Billing Zipcode:

Credit Card Information

☒ Credit Card

Credit Card Type:

Credit Card Number:

Expiration Date:

[Card Verification Number:](#)

Electronic Check Information

☐ Checking Account

[Routing Number:](#)

[Account Number:](#)

This screen appears after you have selected Yes on the Application Summary screen.

On this screen, enter the First Name, Last Name, and Billing Zip Code for the credit card or checking account being used. You then select the radio button next to either Credit Card or Checking Account.

If Credit Card is selected, you must select the Credit Card Type from the drop down menu (only Visa and MasterCard are accepted), enter the 16-digit Credit Card Number without spaces or dashes, select the Expiration Date of the card, and enter the three digit Card Verification Number. You can get help with the Card Verification Number by selecting the underlined link.

If Electronic Check is selected, you must enter both the Routing Number and the Account Number. You can get help with either number by selecting the underlined links.

Select the Submit button at the bottom of the screen to send the payment information to the Commonwealth's payment processor for authorization.

Massachusetts Department of Public Health Online Licensing System - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <https://elic-web-test-1.hhs.state.ma.us/MyLicense%20Enterprise/Checkout.aspx>

Google Search

Billing Information

First Name:
Last Name:
Billing Zipcode:

Credit Card Information

Credit Card

Credit Card Type:
Credit Card Number:
Expiration Date:
[Card Verification Number:](#)

Electronic Check Information

Checking Account

[Routing Number:](#)
[Account Number:](#)

Fee Totals

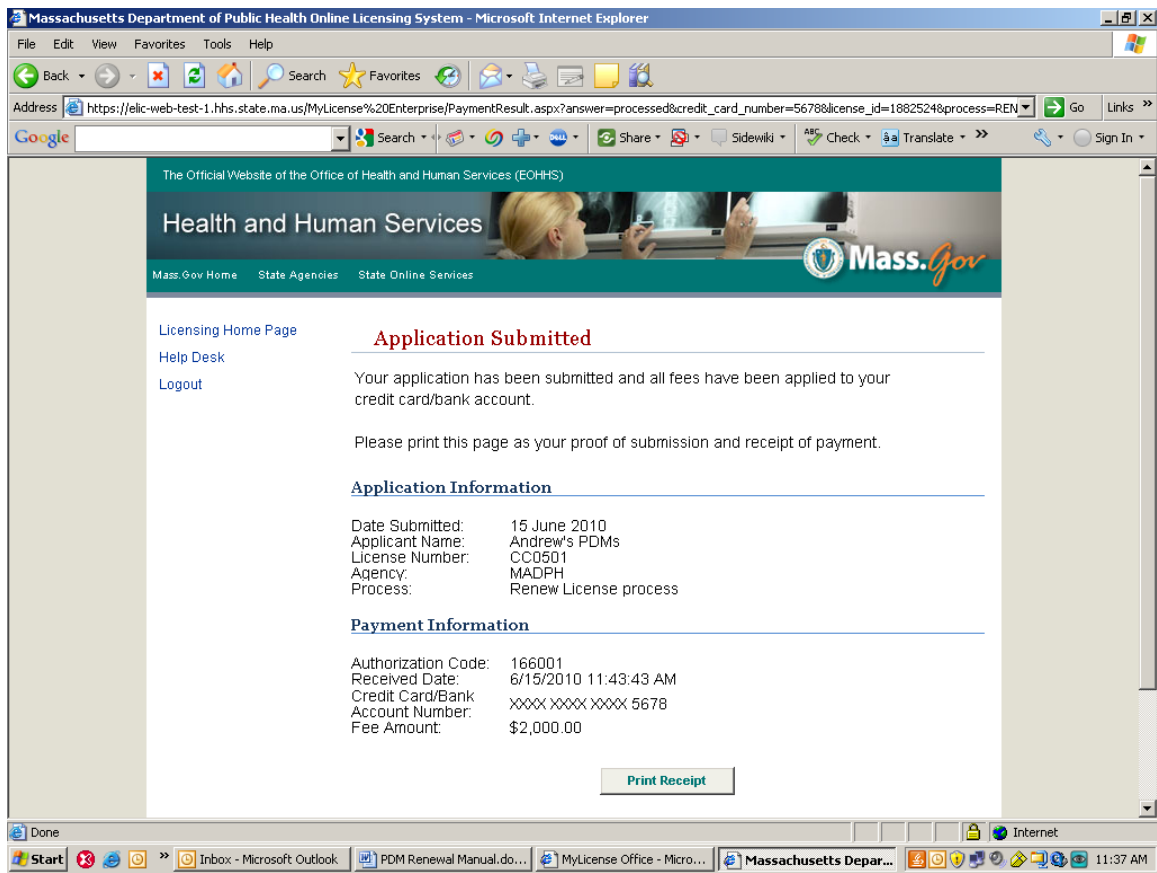
Fee Amount: \$2,000.00

By selecting the **SUBMIT** button, I am authorizing the Commonwealth of Massachusetts to charge my credit card or bank account based on the payment information that I have provided and in the amount of the Fee Total indicated above.

Done

Start | Inbox - Microsoft Outlook | PDM Renewal Manual.do... | MyLicense Office - Micro... | Massachusetts Depar... | Internet | 11:36 AM

This is the bottom half of the previous screen after scrolling down.



This screen appears after you select the Submit button on the Application Fees screen. Select the Print Receipt button to print this information as proof of submission and receipt of payment.